## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

SIGNATURE:

14. Thereby certify that the information supplied indicated on this annual report of supplied officer or director of the corporation of the Block 12 or Block 13 changes for on all

CITY-ST-ZIP

**FILED** Apr 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** P97000014292 (1) DOCUMENT # JAPCO, INC Principal Place of Business Mailing Address 2906 DOUGLAS RD. 2906 DOUGLAS RD. CORAL GABLES FL 33134 **CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1997 P.O. Box 527264 2. Principal Place of Business 4. FEI Number Applied For 65-0731649 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 4 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Miami 28 Trust Fund Contribution Added to Fees Dace Ζiρ Country 8. This corporation owes or has paid the current year Intangible 29 33 1 52 24 25 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name MISLEH, LLAMAL 2906 DOUGLAS RD. 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 3313**( 83 84 City Zip Code 11. Pursuant to the pro-office or registered agent. I am familiar Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered n 607.0505, Florida Statutes. 02 and 607 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE MISLEH, LLAMAL 1.2 NAME NAME 2906 DOUGLAS RD. STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME CHECHADE, SONIA D 2.2 NAME 2906 DOUGLAS RD. STREET ADDRESS 2 3 STREET ADDRESS OORAL GABLES FL 33134 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-SY-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

63 STREET ADDRESS

ally for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under eath; that I am an ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

The 15th & april, 1998